

## Physical Therapy

Physical Therapy patients are frequently compromised by immobility and chronic debilitating conditions or acute conditions, such as trauma, or wounds or burns which place them at high risk for developing an infection from exposure to microorganisms. These policies and procedures have been established to provide a workable guide for Physical Therapy staff to prevent and control infections among patients and personnel.

### Personnel Policies.

- Handwashing. Personnel must always wash their hands with soap and water before and after patient contact and before performing any invasive procedure.
- Employee Health
  - Personnel having signs or symptoms of infection (i.e., skin lesions, URI, diarrhea) must report to their supervisor. The supervisor will refer them to Occupational Health to be seen and evaluated for possible work restrictions.
  - In the event of inadvertent exposure to patients with a communicable disease or an occupational injury (i.e., needlestick, sharps injury), the employee will report this immediately to their supervisor and will be referred to Occupational Health for treatment and follow-up.
- Staff personnel will comply with military and hospital regulations regarding uniform, personal appearance, and hygiene.
- Staff will report all suspected nosocomial infections immediately to the Infection Control Department.
- All personnel will demonstrate proper isolation technique and follow “Universal/Standard Precautions” for the care of all patients.
- Infection Control in-services will be presented annually and as needed. All personnel will be trained annually in mandatory OSHA Bloodborne Pathogens Standard and TB.

### Traffic Control.

- Visitors are permitted in the rehabilitation area for teaching, demonstration purposes, or at therapist’s discretion.
- Visitors are not routinely permitted in the hydrotherapy area. Family members may be permitted for teaching, demonstrations, or at therapist’s discretion. All others, including staff who are not assigned to Hydrotherapy, will not be permitted in this area.

### Isolation.

- All patients are on “Universal/Standard Precautions” regardless of the patient’s diagnosis.
- When a patient is placed on isolation, ascertain from the nursing unit what type of isolation on which the patient has been placed and what is the infective material.
- Patients on Airborne or Contact Precautions will not routinely be treated in the Physical Therapy Clinic.
- All other categories of isolation will be practiced in accordance with the hospital’s isolation policy.
- All patients with draining wounds should be treated as “potentially infectious”, to prevent acquisition of infection by personnel and patients. “Universal/Standard Precautions” apply.

- Masks/goggles are not usually indicated, unless splattering of infectious material is a possibility. Masks or splashguard is indicated with free flow irrigation use.
- Gowns are indicated if soiling of the clothing is likely.
- Gloves are used for all dressing changes. Non-sterile gloves will be worn for removal of soiled dressings. Sterile gloves will be worn for application of sterile dressings.
- Hands must be washed before and after each patient contact. Personnel must not touch the wound or dressing unless gloved. Hands must be washed after gloves are removed.
- A dry, sterile dressing will be placed over all draining wounds before the patient is transported.
- Soiled dressings will be placed in infectious waste bags for disposal in accordance with hospital policy.

#### **Burn Therapy.**

- Sterile technique must be used when dressing or debriding a burn wound. Sterile instruments are used for debridement.
- Clean linen must be placed over the stretcher or wheel chair when transporting patients.

#### **Wound Management.**

- All open wounds will be dressed with sterile technique.
- Any unexplained redness, drainage, or swelling of the wound will be reported to the referring physician.

#### **Scheduling.**

- Patients with burns or immuno-compromised patients will be scheduled during times of minimal clinic activity if possible.
- Patients with infected wounds will be scheduled at the end of a scheduling period if possible.

#### **Patient Care Equipment.**

- Clean/sterile gear is stored in a dry, clean area away from contaminated areas or supplies. Sterile supplies are preferably stored in closed cabinets or shelves that are elevated at least 8-10 inches off the floor and 18-20 inches from the ceiling. Supplies should not be stored on the floor.
- All supplies are checked for wetness, discoloration, or broken seals. Solutions are checked for cloudiness or cracked glass. If in doubt as to the sterility of the item, consider the item unsterile and discard appropriately.
- Disposable items are utilized as much as possible. Items are marked with the patient's name and discarded upon their discharge. Disposables should not be reused.
- Critical items are instruments or objects that are introduced directly into the blood stream or into normally sterile areas of the body. These re-usable items must be thoroughly cleaned and wrapped and sent to the Operating Room to be sterilized.
- Semi-critical items are items that come in contact with intact mucous membranes, but do not ordinarily penetrate body surfaces. These items must be subjected to a high-level disinfection procedure after each use. This can be accomplished by thorough and meticulous cleaning of the item and soaking in an appropriate high-level disinfectant (i.e., glutaraldehyde solution/chlorine bleach solution).

- Non-critical items are items that do not touch the patient or only come in contact with intact skin. These items rarely, if ever, transmit disease. Routine washing of these items with a hospital detergent is generally sufficient.

#### **General Policies.**

- Needles, syringes, and sharps are to be disposed of uncapped and uncut, into puncture-resistant sharps containers. Be careful to avoid injury. Follow the procedure in the Infection Control Manual if a needlestick or sharps injury occurs.
- Staff will report promptly all occupational injuries or infectious exposures to Occupational Health for treatment and follow-up.
- Infectious waste will be disposed of in accordance with hospital policy.
- Soiled linen will be placed in an impervious linen bag of sufficient quality to contain used/soiled linen and will be disposed of in accordance with hospital policy.
- All personnel will follow hospital policy on “Universal/Standard Precautions” for protection against bloodborne pathogens.

#### **Hydrotherapy.**

- The greatest risk of transmission of microorganisms for physical therapy patients is related to the sharing of hydrotherapy equipment. This equipment may be contaminated with organic material (feces, urine, body fluids) and provide a mechanism for transmission of microorganisms.
- Hydrotherapy equipment is thoroughly cleaned and disinfected between each patient use.
- Hydrotherapy tanks will be cultured if epidemiological investigation implicates equipment as a possible source of microorganisms. Tanks used by patients with known or resistant infections will be isolated and cultures obtained weekly and prior to use by other patients. The Infection Control Department will be consulted before culturing environmental areas. If cultures are indicated, they will be obtained from the drains, agitators, and tank seams, as these are the most common sources of microorganisms.
- A hydrotherapy tank with suspected problems will be isolated and reported to the Infection Control Department.

#### **Housekeeping.**

- Staff will ensure that all patient treatment areas are maintained in a clean and neat manner.
- Floors and other horizontal surfaces will be cleaned daily with an EPA approved disinfectant.
- All blood or body fluid spills will be cleaned promptly with a bleach solution (1:10) or an EPA approved disinfectant.
- Cubical curtains will be changed routinely and when visibly soiled.
- Treatment table linen will be changed between patients.

#### **Hydrotherapy Equipment Cleaning/Decontamination Procedures.**

- Gloves will be worn with routine cleaning.
- Following treatment
  - Leg, lowboy, and arm whirlpools
    - Drain tank

- Place agitator heads in bucket containing an EPA approved germicidal detergent and agitate for 10 minutes.
- Empty the bucket with germicidal detergent into the tank with the drain and seams of the tank to soak while using a disposable wash cloth (soaked in the same solution) to scrub down the sides of the tank, the thermometer and agitator stem.
- Drain and rinse with clean water and allow to air dry.
- Equipment is kept dry between patients to reduce the potential for replication of “water bugs” such as *Pseudomonas aeruginosa*.